



RECREATION DEPARTMENT

The Heart of the Neighborhood

www.chulavistaca.gov/rec



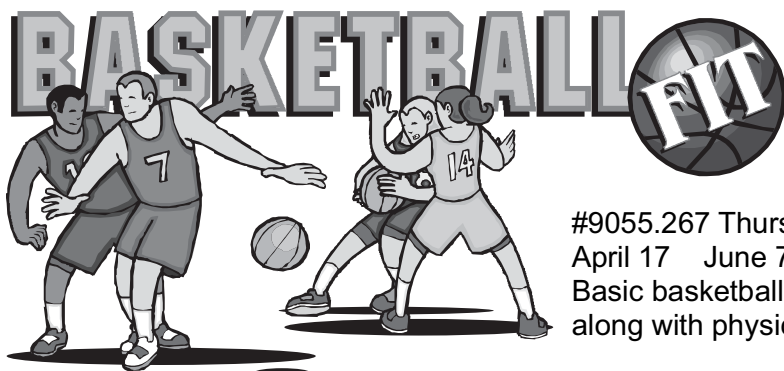
373 Park Way • (619) 691-5083

FREE CLASSES!

REGISTRATION
BEGINS MARCH 17



#9055.263 Tuesdays
April 15-June 5, 4:30-5:30 pm
Old School games like
dodgeball, kickball and
broomball are taught while
getting fit.



#9055.267 Thursdays
April 17 June 7, 4:30 5:30 pm
Basic basketball fundamental skills are taught
along with physical fitness.



#9055.265 Wednesdays, April 16 June 6, 4:30 5:30 pm
Learn hip new dance routines and other aspects of fitness.

The Chula Vista Elementary School District neither sponsors nor endorses this information, activity, or organization. Distribution of this material is provided by the District as a community service. Any questions or comments should be directed to the sponsoring agency.

REGISTRATION FORM 9055.263 RETRO FIT • 9055.265 HIP TO BE FIT • 9055.267 BASKETBALL FIT

Participant: _____ Age: _____ Birth Date: _____
Address: _____ City: _____ Zip: _____
Day Phone: _____ Evening Phone: _____ Emergency Phone: _____

I _____ (REGISTRANT), and I _____ * (parent/guardian),

hereby assume all risks of REGISTRANT's involvement in this activity. I certify that REGISTRANT is physically fit, and has not been advised otherwise by a qualified medical person. I acknowledge that this AWRL form will be used by The City of Chula Vista and the activity organizers, in which REGISTRANT may participate and that it will govern REGISTRANT's actions and responsibilities at said activity. In consideration of REGISTRANT being permitted to participate in this activity, and on behalf of myself, my executors, administrators, heirs, successors and assigns, I hereby (A) WAIVE, RELEASE AND DISCHARGE FROM LIABILITY The City of Chula Vista and its directors, officers, employees, volunteers, representatives and agents, for the death, injury or property loss or damage of REGISTRANT or actions of any kind which may accrue to me as a result of REGISTRANT's participation in this activity; and (B) agree to INDEMNIFY AND HOLD HARMLESS the above-mentioned entities or persons from any and all liabilities or claims made by other individuals or entities as a result of any of REGISTRANT's actions during this activity except for those claims arising from the sole negligent or willful conduct of The City of Chula Vista or its agents. I hereby consent to the administering of medical treatment to REGISTRANT if deemed advisable in the event of injury, accident and/or illness during this activity. I understand that at this activity or related activities, REGISTRANT may be photographed. I agree to allow REGISTRANT's photo, video or film likeness to be used for any legitimate purpose by the City. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I hereby certify that I have read this document and understand its content. I further certify that I am the parent or guardian of the above-named participant and that I will hold each of the above-named individuals and entities harmless and indemnify each in the event of any loss whatsoever due to a defect in my legal capacity.

REGISTRANT's Parent or Guardian's Signature: _____

Date: _____